

Inquiry into Women's Pain Victoria

Submission by the **Australian Physiotherapy Association**

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Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians
of Country throughout Australia and their
connections to land, sea and community.
We pay our respect to their Elders past and present
and extend that respect to all Aboriginal and
Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

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1. Executive summary

Introduction

The Australian Physiotherapy Association (APA) is pleased to contribute to the landmark Victorian Government Inquiry into Women's Pain led by Safer Care Victoria, the Victorian Women's Health Advisory Council and the Inquiry into Women's Pain Sub-Committee.

We applaud the Allan Government's significant investment and attention to understanding and addressing the long overlooked gender pain gap that has had devastating impacts on generations of Victorian women, girls, non-binary and gender diverse people.

The APA supports this historic commitment to women's health advances including the establishment of 20 women's health clinics, a mobile clinic, the Women's Health Advisory Council and the Women's Health Research Institute.

We recognise that bridging the gender pain gap requires significant multifaceted effort to rectify underrepresentation in research and implement education and awareness across the healthcare sector.

This work, however critical, must not delay the wide-scale implementation and expansion of existing evidence-based solutions, such as physiotherapy, that are proven to reduce pain and reliance on opioids and avoidable costly surgeries.

Physiotherapy in women's health

Physiotherapy is central to the treatment of chronic pain, a significant health issue that affects 40 per cent of Victorian women¹. It is an essential component of multidisciplinary team-based diagnosis and management of pain across all settings.

Investment in proven integrated evidence-based models of multidisciplinary care and patient pathways linking community, hospital and primary care settings must be prioritised to ensure women have access to the care they need, where they need it and at every stage of their lives.

Benefits of physiotherapy

Physiotherapy is a first-line treatment for symptoms and conditions most commonly reported by women as impacting quality of life, social and workforce participation and mental health, including pelvic pain and musculoskeletal disorders. Physiotherapists have a differentiated diagnostic skill set using clinical reasoning and a biopsychosocial approach that reduces pain and discomfort and the resulting withdrawal from activities of daily living caused by these symptoms.

Enabling access

Physiotherapy is a highly feminised workforce - 68 per cent of physiotherapists are women highly qualified in providing individualised care, trusted relationships and education to enable informed decision-making.

The affordability and availability of the right health care practitioners, working to their full scope of practice, must underpin this critical reform. Early access to high-value, evidence-based physiotherapy is critical to ensure effective outcomes, and minimise pharmacology and costly surgeries. Post-surgical rehabilitation and access to physiotherapy for exacerbations is essential.

In our submission, the APA has made a number of recommendations to support provision of affordable, evidence-based multidisciplinary approaches.

Specifically, this submission addresses the following Terms of Reference:

- c) describes the impact of the current service delivery system on care for pain conditions.
- d) identifies opportunities to improve the care, treatment and services for pain conditions.
- e) considers appropriate models of care, service delivery frameworks, workforce skill mix, and other areas requiring change.

This submission and attached appendix *Physiotherapy and Women's Pain* highlight physiotherapy's efficacy in treating a number of women's pain-related conditions. However, the APA would welcome the opportunity to give provide more expansive evidence to the Inquiry.

Conclusion

The landmark Inquiry into Women's Pain is a critical first step in better understanding this widespread and significant issue, ensuring respectful and evidence-based care provision for all Victoria women.

We thank the Victorian Government for its investigation of this critical issue and efforts to ensure Victorian women have access to evidence-based physiotherapy, which is an effective, non-pharmacological and non-surgical health-care from trusted practitioners. It is time to remove the financial and geographic barriers to expert pain treatment.

2. Recommendations

Care models	<ol style="list-style-type: none"> 1. Fund physiotherapy pain management for women with chronic pain as part of a multidisciplinary team-based approach in all Victorian women's health clinics and mobile women's health clinics. 2. Invest in expanded preventive and rehabilitation physiotherapy services under outreach models such as Better at Home for women. 3. Invest in ante-natal and post-natal programs that include physiotherapy to prevent and treat symptoms that may lead to chronic pain. 4. Invest in development of clear patient referral pathways to outpatient services, Endometriosis and Pelvic Pain Clinics, Women's Health Clinics and Women's Health Services Networks. 5. Enable tailored evidence-based and outcome-focused models of care via pooled, blended or bundled funding models. 6. Advocate to the Australian Government to expand the network of Endometriosis and Women's Pelvic Pain Clinics and physiotherapy services within them as a priority of the Primary Health Network multidisciplinary care funding. 7. Advocate to the Australian Government for expanded Chronic Disease Management item numbers for multidisciplinary chronic disease prevention and early intervention physiotherapy.
Regional, rural and remote	<ol style="list-style-type: none"> 8. Invest in the multidisciplinary workforce, including physiotherapy, to improve continuity of care in regional, rural and remote areas. 9. Advocate to the Australian Government to fund physiotherapy telehealth consultations for women to increase access to care. 10. Embed physiotherapy as a critical service within mobile women's health clinics.
Workforce	<ol style="list-style-type: none"> 11. Support the growth of the physiotherapy workforce to meet demand by financially incentivising access to pelvic health and pain advanced practice training and developing clear career pathways. 12. Map the healthcare workforce across the state to understand service delivery gaps and opportunities.
Research	<ol style="list-style-type: none"> 13. Map the women's pain patient pathway to identify gaps and opportunities in the care continuum and interfaces/transitions between settings. 14. Provide funding of grants specific to the research of the cost benefit of physiotherapy interventions in women's pain management. 15. Invest in research into multidisciplinary models of care in the community.
Education	<ol style="list-style-type: none"> 16. Raise awareness among consumers and the healthcare sector about the distinctions between Endometriosis and Pelvic Pain Clinics, Women's Health Clinics, and Women's Health Services Networks. 17. Invest in research into evidence-based interventions and training of women's healthcare professionals. 18. Develop and ensure delivery of education and training for healthcare practitioners on the unique health and support needs of First Nations people, culturally and linguistically diverse communities, refugees, LGBTQIA+ individuals, young parents, and individuals from rural and regional communities, individuals with pre-existing conditions and disability.
Data	<ol style="list-style-type: none"> 19. Capture and report service delivery in Women's Health Clinics and mobile clinics by profession - detailing services provided, health outcomes and patient reported outcome and satisfaction - to set benchmarks and enhance future services.

3. Introduction

The financial cost of chronic pain in Australia is an estimated \$144.1 billion², including healthcare costs, productivity losses, and reduced quality of life. Women, who make up 53.8% of those with chronic pain, bear a significant portion of this burden³.

Chronic pain in women, girl, non-binary and gender diverse people encompasses a number of conditions and symptoms that persist for extended periods and lead to substantial personal, social, and economic impacts, including withdrawal from daily activities and the workforce, and a reduced quality of life.

Despite the significant prevalence and impact of these symptoms and conditions, 70% of women report being dismissed and disbelieved when seeking medical care⁴.

It is widely recognised that women have long been absent from research and, as a result, experience a healthcare system designed to treat male physiology and underpinned by an lack of knowledge and empathy about women's pain.

These factors compounded by costly diagnostic testing and a lack of affordable primary health care with clear patient pathway across settings has resulted in women's pain often being undiagnosed, misdiagnosed, untreated and mistreated.

In addition, women's chronic pelvic pain can be the result of endometriosis pain, cascading impacts of birth trauma and/or (peri)menopause.

The APA contributed to, and appeared before, the New South Wales Inquiry into Birth Trauma⁵ and the Senate Inquiry into Issues Related to Perimenopause and Menopause⁶, highlighting the urgent need to improve access to credible, affordable and local multidisciplinary care.

In Victoria, physiotherapists are engaged in advanced practice women's health clinics⁷, tertiary pain clinics, hospital outpatient settings and primary care (for example community health centres and private practice clinics).

4. Terms of Reference c) the impact of the current service delivery system on care for pain conditions.

In Australia, musculoskeletal (MSK) conditions account for 12.6 per cent of the total disease burden and are the second leading contributor to the total disease burden. Chronic pain impacts 40% of Victorian women and national almost half (47%) have experienced pelvic pain in the past five years.

A male-orientated approach to chronic disease management and pain has omitted targeted approaches to women's health. Consistent underfunding has caused significant affordability and access constraints for women. This, alongside structural barriers, systemic gender bias, workforce supply issues including maldistribution and regional service deficits, often means that many women have not been able to access the diagnosis and care they need.

The current health system leaves many women experiencing pain waiting too long for diagnostic and appropriate healthcare referrals and access to care.

As a profession, the health benefits and effectiveness of physiotherapy interventions and the value they provide to the healthcare sector is demonstrated and well recognised. Despite this, in the absence of adequate public funding in primary health for physiotherapy pain management and pelvic health care, women face substantial out-of-pocket expenses to access the physiotherapy they need.

In the primary setting, physiotherapy is only funded under the Medicare Chronic Disease management item, which funds access to five sessions of care from a range of healthcare providers, limiting access to any one service and not supporting adequate levels of care for women's pain management. These items may also not always be understood to be applicable to or used for women's pain when it clear women's pain is often undiagnosed, misdiagnosed and dismissed.

Even with the right levels of private health insurance cover for women who can afford it, there are substantial out-of-pocket costs.

Physiotherapy care in primary settings is critical in reducing reliance on pharmacological and surgical approaches, and hospital admissions.

Reform must address upstream issues in primary care rather than continue to direct a disproportionate investment in tertiary care. This requires a very different approach and a reform effort that can drive more accessible and affordable care, and one that guarantees the best health outcomes for patients. Physiotherapy-led primary care intervention prevents unnecessary hospitalisation.

The introduction of Endometriosis and Pelvic Pain clinics is a welcome policy program that we are calling on the Federal Government to expand geographically and ensure that physiotherapists continue to be adequately supported to deliver services to their full scope of practice.

Physiotherapists – including those with advanced skillsets in pain management and women's pelvic health – must be embedded in each of Victoria's Women's Health and Mobile Women's Health Clinics as part of an evidence-based multidisciplinary approach. Access to physiotherapy diagnosis, prevention, prehabilitation, rehabilitation, and ongoing management of symptoms and conditions contributing to the unacceptable prevalence of untreated women's pain.

In the hospital setting, physiotherapists are integral to the broader maternity team, particularly in post-natal care. We are calling for access to pelvic health physiotherapy to be expanded to include pre-natal consultations for risk assessment, treatment as required and education.

5. Terms of reference d) identifies opportunities to improve the care, treatment and services for pain conditions.

The policy reform opportunity and the significant investment in women's health at state and federal levels must be maximised by taking a preventive, integrated and cross-sectoral approach.

Investment in existing evidence-based care such as physiotherapy as part of a multifaceted program of policy reform that reduces out-of-pocket costs and improves access to for evidence-based care must be prioritised.

Too many women are without access to prevention, early detection and quality care. And for too many, this means that they suffer with chronic pain. Physiotherapy helps women of all ages to prevent, manage and/or rehabilitate symptoms and conditions that severely impact women's lives and to screen for a range of preventive health issues.

Early access to preventive, first-line interventions, such as physiotherapy, is the key to addressing women's unmet need.

Living with chronic pain is not only debilitating to the individual; it also places a significant economic burden on the nation. Opioid medications are only one option but they are overused and are placing a strain on the health budget simply because of inadequate access to multidisciplinary services such as physiotherapy.⁸

An integrated patient pathway focused on prevention, reducing opioid reliance and hospitalisations is central to delivering on policy reform objectives.

Physiotherapy offers a non-pharmacological option that can significantly improve the quality of life for women by incorporating various physiotherapeutic techniques and exercises to reduce pain, improve physical function and psychological well-being.

More money is spent on musculoskeletal disorders such as osteoarthritis and back pain than on any other disease, condition or injury in Australia. In total, musculoskeletal conditions cost the health system an estimated \$14.6 billion each year.⁹

Physiotherapy is integral to the prevention of chronic pain because early interventions work to prevent pain-avoidance behaviours through exercise and education. Where chronic pain has developed, physiotherapists work as part of a multidisciplinary team to support patients in managing daily activities.

We call for the removal of barriers to efficient and cost-effective physiotherapy for people most in need and across our highest priority settings. A key reform to strengthen healthcare access for rural Australians is to build the teams required, including incentives for physiotherapy.

6. Terms of reference f) considers appropriate models of care, service delivery frameworks, workforce skill mix, and other areas requiring change

In Victoria, physiotherapists are engaged in advanced practice women's health clinics¹⁰, tertiary pain clinics, hospital outpatient settings and primary care (for example, community health centres and private practice clinics).

The APA calls for the integration of physiotherapy working to their full scope of practice into all women's health clinics, which should provide affordable care encompassing all stages of life. Improved access to pain physiotherapy services for women across the healthcare spectrum, whether this be via tertiary pain clinics, hospital outpatient services or primary care must be prioritised.

Financial and geographic barriers to care must be removed. This can be achieved through the expansion of the Endometriosis and Women's Pain clinics and embedding pelvic health physiotherapy and pain physiotherapy within the multidisciplinary team in Victoria's Women's Health Clinics.

Telehealth physiotherapy consultations as an adjunct to mobile women's health clinics are a key mechanism to ensure access to care for women in rural and remote areas.

To expand the treatment pathway, new evidence-based treatment strategies are needed including multidisciplinary pain management interventions. Governments must recognise active self-management in a biopsychosocial approach instead of assuming a reliance on passive modalities such as pharmacology.

This requires a fundamental shift towards funded, collaborative care that empowers—care that is personalised and coordinated. The APA calls for targeted action to lift the barriers to direct referrals, enabling physiotherapists to appropriately refer on for specialist consult and imaging; and for greater investment in publicly funded physiotherapy, including through multidisciplinary team-based care, to drive better, more connected and more integrated care.

Physiotherapy is critical across the women's pain continuum across the life span and across all settings. Physiotherapists can make a greater contribution in primary healthcare to help prevent unnecessary hospitalisation, enabling more timely and appropriate intervention.

For patients at high risk of future hospitalisation, publicly funded first contact physiotherapy in primary healthcare in Australia will provide better and faster access to diagnosis and treatment and safe and effective care for musculoskeletal pain and conditions.

Funded first contact physiotherapy will reduce unnecessary referrals, imaging, opioid prescription and surgical referrals, along with costs to the patient and the healthcare system.

In-home rehabilitation reduces the risk of readmission and ongoing dependence on services and improves long-term outcomes.

Physiotherapy care improves patient physical function to facilitate a timely and safe discharge from hospital and, supports early discharge and reduces readmission by providing treatment and rehabilitation in the home for people with post-surgical conditions and chronic disease.

An integrated, comprehensive healthcare system that delivers best care needs the skills of the entire health workforce and multidisciplinary care teams can provide the most comprehensive care possible, at the right place and time for each patient.

Community-based physiotherapy also has a key role in preventing hospitalisation or reducing the length of hospitalisation. Chronic disease and pain cannot be addressed without significant reform to embed prevention and early intervention into the health system.

A shift to outcomes-focused, evidence-based models of care tailored to addressing the symptoms and conditions associated with women's pain must be prioritised. Pooled, blended or bundled funding models supporting high quality multidisciplinary approaches must be adopted to enable access to care in local areas.

The APA calls for greater integration of physiotherapists into primary healthcare. PHNs are well positioned to facilitate the innovative care models that have been shown to increase access to primary health care.

Urgent policy attention is needed to support women and other birthing parents to avoid and recover from birth trauma. We call for funded measures to prevent physical birth trauma by providing expert pelvic health physiotherapy care during pregnancy and postpartum. Policy inaction is leading to costly incontinence treatments including surgery and, in many cases, repeat surgeries.

Investment in the assessment, prevention and non-surgical management of physical birth trauma—a systemic reform combining better health outcomes for patients with a reduction in costly surgeries and associated out-of-pocket costs for families and increased productivity and available workforce

Transitions between care settings must be a focus area. In-home rehabilitation reduces the risk of readmission and ongoing dependence on services and improves long-term outcomes.

There is strong evidence linking functional decline during and after hospitalisation with an elevated risk of hospital readmission.¹¹ Physiotherapists improve patient physical function to facilitate a timely and safe discharge from hospital. They also support early discharge and reduce readmission by providing treatment and rehabilitation in the home for people with stroke, fall injuries, long hospital stays, traumatic brain injury, post-surgical conditions and chronic disease.

We must grow and support the physiotherapy workforce to ensure women have access to their critical care wherever they live and whatever their socioeconomic circumstance.

7. References

- ¹ Victorian Women's Health Survey 2023
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- ³ *The Cost of Pain in Australia*, Pain Australia, <https://www.painaustralia.org.au/static/uploads/files/the-cost-of-pain-in-australia-final-report-12mar-wfxbryboams.pdf>
- ⁴ #EndGenderBias Survey, Australian Government and National Women's Health Advisory Council, <https://www.health.gov.au/womens-health-advisory-council/resources/publications/endgenderbias-survey-results-summary-report?language=en>
- ⁵ [APA submission to the NSW Inquiry into Birth Trauma](#),
- ⁶ [APA submission to the Senate Inquiry into Issues Related to Perimenopause and Menopause](#)
- ⁷ State of Victoria (Department of Health). (2016). Advanced Practice in Allied Health. <https://www.health.vic.gov.au/allied-health-workforce/advanced-practice-in-allied-health>.
- ⁸ Dunlop, A.J., Lokuge, B., Lintzeris, N. (2021). Opioid prescribing in Australia: too much and not enough. *Med J Aust.* 2021 Aug 2;215(3):117–118
- ⁹ Australian Institute of Health and Welfare. (2022). Disease expenditure in Australia 2019–20
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